ANE	Docket No SON-2810				
Application			g Date	Examine	r Art
10/647,217-C oplicant(s): Yos		, ,	26, 2003	D. B. Gand	dhi   21
vention: SEMIC	CONDUCTOR I	INTEGRATE	D CIRCUIT AN	ID METHOD FOR	TESTING SAME
	TO	O THE COM	MISSIONER FO	OR PATENTS	<u>.</u>
ransmitted here he fee has bee				fied application.	
The ree may bee			MS AS AMEN		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 23 =	:	x	
	l .				II .
Independent Claims	5	- 7 =	:·  	х	
Claims	5 dent Claims (ch	<u> </u>		X	
Claims  Multiple Depen		eck if applica	ble)		1,050.00
Claims  Multiple Depen  Other fee (please	dent Claims (ch	eck if applica  Extension for re	esponse within t		
Claims  Multiple Depen  Other fee (please	dent Claims (ch	eck if applica  Extension for re	esponse within t		1,050.00
Claims  Multiple Depen  Other fee (please  TOTAL ADDIT  x Large Entity	dent Claims (ch	eck if applica  Extension for re  OR THIS AM	esponse within t	hird month	1,050.00
Claims  Multiple Depen  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please char	dent Claims (chese specify):  FIONAL FEE Form  al fee is required the specific speci	eck if applica  Extension for re  OR THIS AM  ed for this am  count No.	esponse within to the series of the series o	hird month	1,050.00 y
Claims  Multiple Depen  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please chart  A duplicate	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the copy of this shows the copy of the copy	Extension for recount Noeet is enclose	esponse within to the second s	hird month Small Entity	1,050.00 y 1,050.00
Claims  Multiple Depen  Other fee (please  TOTAL ADDIT  x Large Entity  No addition  X Please char  A duplicate  A check in te	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the amount of \$1000.	Extension for recount Noeet is enclose	esponse within to the second s	hird month  Small Entity	1,050.00 y 1,050.00
Claims  Multiple Dependence  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please chart  A duplicate  A check in the payment by	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the copy of this shows the amount of \$100 credit card. Form	eck if applica  Extension for recount No. eet is enclose form PTO-203	esponse within the ENDMENT:  endment.  18-0013 in the discrete in the cover is a strached.	hird month Small Entity  n the amount of \$  the filing fee is en	1,050.00 y 1,050.00 closed.
Claims  Multiple Dependence  Other fee (please of the please of the plea	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the copy of this shows the amount of \$100 credit card. Form	Extension for recount Noeet is enclose form PTO-203	esponse within the ENDMENT:  endment.  18-0013 in the discrete in the cover and credit arge and credit arge and credit in the cover arge and credit arge arge arge arge arge arge arge arge	hird month Small Entity  In the amount of \$ The filing fee is entity  The Deposit Account I	1,050.00 y 1,050.00 closed.
Claims  Multiple Depen  Other fee (please  TOTAL ADDIT  x Large Entity  No addition  x Please chart  A duplicate  A check in the payment by  x The Director  as describe	dent Claims (chese specify):  FIONAL FEE For all fee is required to the copy of this shows the amount of \$100 credit card. For is hereby author is hereby autho	Extension for recount Noeet is enclose form PTO-203 horized to chaplicate copy of the copy of t	esponse within the ENDMENT:  endment.  18-0013 in the discrete in the cover and credit arge and credit arge and credit in the cover arge and credit arge arge arge arge arge arge arge arge	hird month Small Entity  In the amount of \$ The filing fee is entity  The Deposit Account I	1,050.00 y 1,050.00 closed.
Claims  Multiple Dependence Other fee (please TOTAL ADDIT  X Large Entity No additions X Please chare A duplicate A check in the Director as described  X Credit at the Director as described	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the amount of \$1 credit card. For is hereby authors any overpayments and overpayments.	eck if applica  Extension for re  OR THIS AM  ed for this am  count No.  eet is enclose  form PTO-203  horized to chaplicate copy of	esponse within the ENDMENT:  endment.  18-0013 in the cover as is attached.  arge and credit of this sheet is one of the cover as a sheet is one of the cov	hird month  Small Entity  In the amount of \$  The filing fee is entity  The Deposit Account I enclosed.	1,050.00 y 1,050.00 closed.
Claims  Multiple Dependence Other fee (please TOTAL ADDIT  X Large Entity No additions X Please chare A duplicate A check in the Director as described  X Credit at the Director as described	dent Claims (chese specify):  FIONAL FEE Form  al fee is required to the amount of \$1 credit card. For is hereby authors any overpayments and overpayments.	eck if applica  Extension for re  OR THIS AM  ed for this am  count No.  eet is enclose  form PTO-203  horized to chaplicate copy of	esponse within the ENDMENT:  endment.  18-0013 in the cover as is attached.  arge and credit of this sheet is one of the cover as a sheet is one of the cov	hird month  Small Entity  In the amount of \$  The filing fee is entity  The posit Account I enclosed.	1,050.00  1,050.00  closed.  No. 18-0013
Claims  Multiple Dependence  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please chart  A duplicate  A check in the payment by the Director as describe to the complete to t	dent Claims (chese specify):  IONAL FEE For al fee is required to a possit Accopy of this short card. For is hereby author of the amount of the short card. For is hereby author overpayment and additional file and additional fi	eck if applica  Extension for re  OR THIS AM  od for this am  count No.  eet is enclose  form PTO-203  horized to chaplicate copy of  nt.  ling or applicate  the copy of  the	esponse within the ENDMENT:  endment.  18-0013 in the cover as is attached.  arge and credit of this sheet is contacted in the cover as a sheet is cover	hird month  Small Entity  In the amount of \$  The filing fee is entity  The Deposit Account I enclosed.	1,050.00 y 1,050.00 closed.
Claims  Multiple Dependence  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please chart  A duplicate  A check in the payment by the Director as describe to the complete to t	dent Claims (chese specify):  FIONAL FEE For al fee is required to a possit Accopy of this short amount of \$100 credit card. For is hereby authors and additional files and additional files and additional files.	eck if applica  Extension for re  OR THIS AM  od for this am  count No.  eet is enclose  form PTO-203  horized to chaplicate copy of  nt.  ling or applicate  the copy of  the	esponse within the ENDMENT:  endment.  18-0013 in the cover as is attached.  arge and credit of this sheet is contacted in the cover as a sheet is cover	hird month  Small Entity  In the amount of \$  The filing fee is entity  The posit Account I enclosed.	1,050.00  1,050.00  closed.  No. 18-0013
Claims  Multiple Dependence  Other fee (please  TOTAL ADDIT  X Large Entity  No addition  X Please chart  A duplicate  A check in the payment by the Director as describe to the company of the company o	dent Claims (chese specify):  FIONAL FEE For al fee is required to a possit Accopy of this short and a dollar and additional file and additional f	eck if applica  Extension for re  OR THIS AM  ed for this am  count No.  eet is enclose  form PTO-203  horized to chaplicate copy of  nt.  ling or applicate  the plicate copy of  nt.  her M. Tobin  104 / 40,290	esponse within the ENDMENT:  endment.  18-0013 in the cover as is attached.  arge and credit of this sheet is contacted in the cover as a sheet is cover	hird month  Small Entity  In the amount of \$  The filing fee is entity  The posit Account I enclosed.	1,050.00  1,050.00  closed.  No. 18-0013

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paper

Effective on 12/08/2004.				Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				/ tpp://dustrict			10/647,217-Conf. #1901					
FEE TRANSMITTAL							August 26, 2003					
<del>-</del>				First Named Inventor Y			Yoshitaka Kayukawa, et al.					
For FY 2008				Examiner Name D			D. B. Gandhi					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2			2117					
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00			Attorney Docket No. S			SON-2810						
METHOD OF PAYMENT (check all that apply)												
Check Credit C	ard	Money Order	Nor	ne O	ther (ple	ase identify	·):					
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments												
FEE CALCULATION												
1. BASIC FILING, SEARCH	, AND EX	AMINATION FEE	S	***								
				NATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	<u>Small Eı</u> <u>Fee (</u> \$		Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)			
Utility	310	155	510	255		210	105					
Design	210	105	100	50		130	65					
Plant	210	105	310	155		160	80					
Reissue	310	155	510	255		620	310					
Provisional	210	105	0	0		0	0		_			
2. EXCESS CLAIM FEES	210	100	v	Ŭ		Ü	Ŭ	-	Small Entity			
Fee Description								Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues) 50 25									25			
Each independent claim over 3 (including Reissues) 200 100								100				
Multiple dependent claims								360	180			
Total Claims Extra	Claims	Fee (\$)	Fee F	Paid (\$)		Mu	<u>Iltiple Depend</u>	ent Claims				
21 - 23 =		=	<del></del>			Fee	<del>≥ (\$)</del>	Fee Paid (\$	<u>)</u>			
HP = highest number of total clai  Indep. Claims Extra	ms paid for, if Claims	Fee (\$)	Fee [	Paid (\$)					_			
5 -7 =	X	=	1 66 1	αια (ψ)								
HP = highest number of independ	dent claims pa	aid for, if greater than	3.									
3. APPLICATION SIZE FEE	• •											
If the specification and dra	_			` •		•	•	•				
listings under 37 CFR 1	. ,,,	* *		•		small en	tity) for each a	dditional 50	)			
sheets or fraction thereo			•				F== (#)	. Гос (	Daid (\$)			
<u>Total Sheets</u> <u>Ex</u>	ctra Sheets	/50 =	reach a	dditional 50 c (round up to				<u>ree i</u>	Paid (\$)			
4. OTHER FEE(S)		. 750 -		(round up to	a ***1010	iidiiibci j		Fees	Paid (\$)			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)												
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00												
SUBMITTED BY												
Signature	5	140,29	0	Registration N (Attorney/Agent	-	24,104 10,290	Telephone	(202) 95	5-3750			
Name (Print/Type) Ronald P. Kapanen / Christopher M. Tobin						Date	Date February 25, 2008					